

**Idaho State Department of Education  
School District/Public Charter School Opt-In Form  
Idaho Wireless Managed Service**

I am writing on behalf of \_\_\_\_\_ (school district/charter school name) to request that my district/charter school be allowed to opt in and participate in the State of Idaho's Wireless Managed Service for every public high school building.

By opting in, I understand that this commits my district/charter school to the following:

- ☐ Voluntarily opting to participate in the State Department of Education's Wireless Program
- ☐ Willing to work with the state's selected vendor as needed to successfully complete the installation
- ☐ Provide system access information as required by the state's currently contracted selected vendor -- ENA, in order to complete the project
- ☐ Establishing and reporting baseline information in order to assess the efficacy of the project work
- ☐ Providing access and schematics of our existing network
- ☐ Providing building schematics to assist in installation
- ☐ Providing access and information to existing networks and other systems as needed for testing
- ☐ Agreeing that the district/charter school will not compromise or otherwise degrade the vendor-installed hardware or network infrastructure
- ☐ Providing necessary information as requested by the state's currently contracted selected vendor -- ENA, in order to not slow or delay completion of the project
- ☐ Ensuring that personnel are available for the project as required by the state's currently contracted selected vendor -- ENA
- ☐ Providing the vendor with access to copies of all existing contracts that pertain to wireless and connectivity as required by the state's currently contracted select vendor -- ENA

In addition to the commitment listed above, I have verified that my school district/charter school has a current Acceptable Use Policy (AUP) on file with the State Department of Education offices. I know this is necessary in order to qualify to participate in the state's Wireless Managed Services.

\_\_\_\_\_  
Name of LEA or Charter School

\_\_\_\_\_  
District/Charter Number

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Superintendent/Charter Administrator

\_\_\_\_\_  
Date of Signature

Please print and sign the form then scan and email the form to [rsargent@sde.idaho.gov](mailto:rsargent@sde.idaho.gov)